

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091314384

APPLICANT(S)

01 June 99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		2				
6						
7		3				
8						
9						
10		8				
11						
12						
13						
14						
15						
16						
17		3				
18						
19						
20						
21		1				
22						
23						
24						
25						
26						
27						
28						
29						
30		1				
31						
32						
33						
34						
35						
36		1				
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	38	↔	↔	↔	↔	↔
TOTAL CLAIMS	39	████████	████████	████████	████████	████████

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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62						
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81						
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94	BEST AVAILABLE COPY					
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		████████	████████	████████	████████	████████